

SHARE

STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION

Warrant/Voucher Information Sheet

692

VENDOR #



DATE 11/05/2012

Payee

\$ 705.00



Fund / Agency

000 66500

Document Number

AP 00314224

B4R

COD3

B4RCOD3

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/FCD
AsofDate 10/31/2012

Voucher	Vchr	VchrLineDescr	Distr	Account	Account	Fund	VendorName	1099	Accounting Period	PurchaseOrder	Invoice Number	Total Amount
Number	Line	Line#		Description				WithHold	Year	Month		
00314224	1	IS Meals & Lodging	1	542200	Employee I/S Meals & L	06101	MCGRATH BR-001		2013	10	0000093550 McGrath, B. 10.2	705.00
											Total For Voucher	705.00

FCD Audit Bureau
Hycoidora

RECEIVED
2012 OCT 31 PM 10:37
DFA
FINANCIAL CONTROL

NAME DEPARTMENT OF HEALTH

ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 1	DATE 10/15/2012
AGENCY CODE 66500	VOUCHER NUMBER 00314224

NAME	BRAD MCGRATH	CAR LICENSE NUMBER	001947SG	POST OF DUTY	ROSWELL	PROPOSED (ADVANCE VOUCHER)	<input type="checkbox"/>
VENDOR NUMBER	[REDACTED]	MODEL	Nissan	RESIDENCE	ROSWELL	ACTUAL (RECOUPMENT VOUCHER)	<input checked="" type="checkbox"/>
REG. WORK DAY	8:00 AM THRU 5:00 PM	YEAR	2011				

[illegible]

ACTUAL EXPENSES

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverage. I further certify that no further payment will be sought for the travel/training covered by this voucher.

APPROVED RATES

X	Employee Signature	Date
----------	---------------------------	-------------

<input checked="checked" type="checkbox"/>	Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.
--	--

I ACKNOWLEDGE THAT THIS EMPLOYEE HAS EXCEEDED THE \$1,500 PER CALENDAR YEAR FOR TRAVEL

SECTION 10-8-5 (I), NMSA 1978

Signature _____ (DOH-General Accounting Use Only)

Date _____

Signature required on overnight lodging exceeding \$215.00 per night.

TOTALS

0	0.00	705.00	/	0.00	705.00
---	------	--------	---	------	--------

ADVANCE AMOUNTS

BOM

ADJUSTED

REIMBURSEMENT

Brad McGrath

(TYPE PAYEE NAME)


I DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS JUST AND TRUE (ALL RESPECTS AND

COMPLIES WITH THE DPA REGULATIONS GOVERNING THE PERFORM AND MILEAGE ACT

PAYEE SIGN HERE

DATE: 10/24/12

007 25 12 42:32

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: 66500

Voucher ID: 00314224

Voucher Style: Regular

Invoice Number: McGrath, B. 10.22-10.27.12





Invoice Date: 10/29/2012

Total: 705.00

Vendor: MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
SANTA FE, NM 87502

*Pay Terms: ☒ Pay Now ☐ Schedule Payments

Payment Information

[Find](#) | [View All](#) First  1 of 1  Last 

Scheduled Payment: 1

*Remit to:

Location:

*Address:

001 1 

MCGRATH, BRADLEY K
OFFICE OF FACILITIES MANAGEMENT
1190 S ST FRANCIS DR SUITE N-3059
SANTA FE, NM 87502

Gross Amount:

705.00 USD


Discount:

0.00 USD

☐ Discount Denied

Late Charge

Scheduled Due:

10/29/2012 

Net Due:

10/29/2012

Discount Due:

Accounting Date:

Payment Method

*Bank:

WFB10

*Account:

B

*Method:

CHK

Check

Pay Group:

*Handling:

RE

*Netting:

N 

Message:

Message will appear on remittance advice.

[Messages](#)

[New Window](#) | [Help](#) | [Customize Page](#) | [Summary](#) | [Invoice Information](#) | [Payments](#) | [Voucher Attributes](#) | [Error Summary](#)

Business Unit: 66500

Invoice Number: McGrath, B. 10.22-10.27.12

Voucher ID: 00314224

Invoice Date: 10/29/2012

Voucher Style: Regular

Total: 705.00

Voucher Processing

☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Saved

Accounting Instructions

*Accounting Template: STANDARD Account At: Gross ☐

Match Action

*Status:

Ready ☐☐ Pay UnMatched Voucher

Transaction Currency

*Source:

Tables ☐

*Currency:

USD 

Rate Type:

CRRNT 

Exchange Rate:

1.00000000

Voucher Approval


*Approval:

Specify at this Level ☐

Business Process:

PROCESS_VOUCHERS 

Approval Rule Set:

Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option:

Group Vouchers (Auto-Nur

SBI Number:

Prepayment

Prepayment Reference:

☐

Automatically Apply Prepayment

☐

Postpone Withholding

Letter of Credit

Letter of Credit ID:

Tax Group

